

Medical Information for Travelers

ELSEWHERE in this issue of THE WESTERN JOURNAL OF MEDICINE, Dr. Elizabeth Barrett-Connor has written an excellent and useful "Advice to Travelers." More correctly, it is an advice to physicians who take care of patients who travel.

Since tourism is one of this country's major activities,* physicians can anticipate that sooner or later they will be confronted with patients seeking advice before travel and thereafter, particularly if diseases are acquired. In regard to the latter, it becomes necessary for physicians to become familiar with the manifestations of diseases not commonly seen in this country in order to assure prompt diagnosis and appropriate treatment.

Dr. Barrett-Connor's information on immunization requirements and source of vaccines is current and concise. In addition, she correctly points out some areas in which unanimity of opinion does not exist. Passive prophylaxis for viral hepatitis, Type A with immune serum globulin is one example where there are differing opinions. Many of the data cited by Dr. Barrett-Connor and others were derived from military experiences and suggest limited risk of hepatitis until after three to six months' sojourn in foreign lands. However, the military lifestyle varies considerably from civilian activities in many respects. Of great importance in this regard is that the military most frequently provides controlled food and water for its personnel, whereas the civilian "scrounges" off the land. Because of this, and other reasons, many physicians are more liberal in their use of immune serum globulin prophylaxis of hepatitis, even in patients whose anticipated exposure is less than three to six months, particularly when their travel bypasses ordinary tourist routes.

Another area where differences in opinion exist concerns tuberculosis. Most physicians in this country would *not* recommend immunization with Bacillus Calmette-Guerin (BCG) vaccine.

*According to data provided by the Passport Office of the U.S. Department of State (*Summary of Passport Statistics*, January 1975), there were 2,415,003 passports issued in 1974. Of these, 19 percent were issued to citizens living in the "Pacific Geographical Area," i.e., California, Washington, Hawaii, Oregon and Alaska. The "First Areas Designation" of these passport recipients were: Europe, 56 percent; Far East, 8 percent; North Central and South America, 21 percent; Middle East, 6 percent; Australia and Oceania, 7 percent and Africa, 2 percent. Fifty-one percent of passport recipients planned trips lasting up to one month and 11 percent planned trips for 1 to 2 months.

A much preferred approach to this problem would be the reevaluation of patients with skin testing and chest x-ray studies at intervals after return from overseas.

Dr. Barrett-Connor has expressed the view that asymptomatic infection with *Giardia* does not require therapy. In an infection which may produce ill-defined and vague gastrointestinal and systemic complaints instead of classic diarrheal disease, it is too difficult to define "asymptomatic." In addition, the *Giardia* are always potential pathogens. For these reasons, I believe physicians should consider treatment.

Many of the data presented by Dr. Barrett-Connor and more, are summarized annually by the United States Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, Atlanta, Georgia 30333. Physicians may obtain copies of this by contacting that agency (see Dr. Barrett-Connor's reference number 1).

LUCIEN B. GUZE, MD

*Professor of Medicine
University of California, Los Angeles
Center for the Health Sciences
Chief of Staff for Research
VA Wadsworth Center, Los Angeles
Chief, Infections Diseases
Harbor General Hospital, Torrance*

The Motivation and Conscience of the Physician

IN A RECENT EDITORIAL in *Science* (Changing climate for medicine. *Science* 188:975, Jun 6, 1975) Philip H. Abelson gives a masterly review of a "Changing Climate for Medicine." He calls attention once again to the fact that the essence of the practice of medicine is in the interaction between patient and physician. He notes that medicine will always remain an inexact science, that the best physicians are highly motivated and highly intuitive, and that much in patient care depends upon the motivation and conscience of the physician.

These are thoughts worth pondering at present, when approaches to the problems of health care are too often simplistic. Is it best to have highly motivated and conscientious physicians with relative freedom to use their knowledge, experience and, yes, their intuition, in the best interests of their patients? Or is it better to have a system of rules and restraints promulgated by various gov-